



PTO/SB/01 (08-03)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**☐ Declaration
Submitted
With Initial
Filing

OR

☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	16163-015001
First Named Inventor	Rajiv Chopra
COMPLETE IF KNOWN	
Application Number	09/955,737
Filing Date	September 19, 2001
Art Unit	1652
Examiner Name	Steadman, David J.

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CRYSTAL STRUCTURE OF BACE AND USES THEREOF

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) September 19, 2001 as United States Application Number or PCT International

Application Number 09/955,737 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: <input type="text" value="26169"/>				OR <input type="checkbox"/> Correspondence address below	
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Address					
City			State		ZIP
Country		Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) <input type="text" value="Rajiv"/>			Family Name or Surname <input type="text" value="Chopra"/>		
Inventor's Signature					Date
Residence: City <input type="text" value="Belmont"/>		State <input type="text" value="MA"/>		Country <input type="text" value="USA"/>	
Citizenship <input type="text" value="UK"/>					
Mailing Address <input type="text" value="84 Creeley Road"/>					
City <input type="text" value="Belmont"/>		State <input type="text" value="MA"/>		ZIP <input type="text" value="02478"/>	
Country <input type="text" value="USA"/>					
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) <input type="text" value="Kristine"/>			Family Name or Surname <input type="text" value="Svenson"/>		
Inventor's Signature					Date
Residence: City <input type="text" value="Andover"/>		State <input type="text" value="MA"/>		Country <input type="text" value="USA"/>	
Citizenship <input type="text" value="USA"/>					
Mailing Address <input type="text" value="94 Poor Street"/>					
City <input type="text" value="Andover"/>		State <input type="text" value="MA"/>		ZIP <input type="text" value="01810"/>	
Country <input type="text" value="USA"/>					
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <input type="text" value="2"/> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet <div style="text-align: right;">Page <u>3</u> of <u>4</u></div>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Bethany Annis		Freeman	
Inventor's Signature <i>Bethany Annis Freeman</i>		Date <u>9/21/04</u>	
Residence: City Belmont	State MA	Country USA	Citizenship USA
Mailing Address 54 Hull Street			
Mailing Address			
City Belmont	State MA	Zip 02478	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Tatos N.		Akopian	
Inventor's Signature		Date	
Residence: City West Roxbury	State MA	Country USA	USA Citizenship
Mailing Address 58 Johnson Street			
Mailing Address			
City West Roxbury	State MA	Zip 02132	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Jonathan		Bard	
Inventor's Signature		Date	
Residence: City Doylestown	State PA	Country USA	USA Citizenship
Mailing Address 3708 Newbolt Court			
Mailing Address			
City Doylestown	State PA	Zip 18901	Country USA

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet <div style="text-align: right;">Page <u>4</u> of <u>4</u></div>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Mark Lloyd		Stahl	
Inventor's Signature		Date	
Residence: City	Lexington	State	MA
		Country	USA
Citizenship USA			
Mailing Address 36 N. Hancock Street			
Mailing Address			
City	Lexington	State	MA
		Zip	02420
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
William S.		Somers	
Inventor's Signature		Date	
Residence: City	Cambridge	State	MA
		Country	USA
Citizenship UK			
Mailing Address 20 Mead Street, Apt. 2			
Mailing Address			
City	Cambridge	State	MA
		Zip	02140
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
Inventor's Signature XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Date XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
Residence: City	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	State	XXXXXXX
		Country	XXXXXXXXXX
Citizenship XXX			
Mailing Address XXX			
Mailing Address XXX			
City	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	State	XXXXXXX
		Zip	XXXXXXX
		Country	XXXXXXXXXX

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